CONGRESSMAN DAVID G. VALADAO

ASSESSING CRITICAL CARE EFFORTS TO STRENGTHEN SERVICES ACT



While the American Health Care Act works to stabilize our insurance markets, the Assessing Critical Care Efforts to Strengthen Services Act, also known as the ACCESS Act, will correct California's flawed Medicaid reimbursement method, encouraging physicians to operate within Central Valley communities and ensuring patients have access to doctors and specialists.

BACKGROUND

The Medicaid program provides health insurance coverage to low-income adults, children, pregnant women, and individuals with disabilities. The program, which is administered by states and funded by both the federal government and each state, reimburses physicians and medical providers for medical services and treatment provided to enrolled patients. Today, California's reimbursement rate ranks 48th out of 50 states.

THE PROBLEM

California's extremely low reimbursement rates, combined with the Central Valley's high prevalence of Medicaid enrollees, discourages medical providers from establishing their practices in the region. Some Central Valley providers refuse to accept Medicaid patients all together. This severely hinders the ability of those living within California's Twenty First Congressional District to access quality health care services. Further exacerbating the situation, Governor Jerry Brown recently diverted 1.2 billion dollars in Prop 56 dollars intended to go towards improving medicaid reimbursement rates into the State's General Fund, leaving less resources for Medi-Cal patients.

THE SOLUTION

By correcting California's reimbursement method, we can encourage medical professionals to not only set up their practices in the Central Valley, but to provide medical services to all patients, including those who rely on the Medicaid program.

The **ACCESS Act** creates a Payment Model Demonstration Project through the Center for Medicare and Medicaid Innovation (CMMI). The Project will focus on how to improve payment models to recruit and retain physicians to serve low-income individuals residing in counties with a disproportionately high share of Medicaid enrollees, such as those in California's Twenty First Congressional District.

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